

Plan of Correction

Program Name: Dakota Pride	Date Submitted: 10-10-2020	Date Due: 11/15/2020
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Administrative POC-1		
Rule #: 67:61:05:05	Rule Statement: Orientation of personnel. The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items: (1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy; (2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003); (3) The proper maintenance and handling of client case records; (4) The agency's philosophical approach to treatment and the agency's goals; (5) The procedures to follow in the event of a medical emergency or a natural disaster; (6) The specific job descriptions and responsibilities of employees; (7) The agency's policies and procedure manual maintained in accordance with § 67:61:04:01; and (8) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.	
Area of Noncompliance: <i>Three out of four files personnel files did not have a sign-off form that included the required orientation information or was not completed within ten days of hire.</i>		
Corrective Action (policy/procedure, training, environmental changes, etc): Training on the procedure and process of new hired employees will be provided to the administrative staff to insure new employees orientation is properly documented.		Anticipated Date Achieved/Implemented: DATE: November 10, 2020

Supporting Evidence: All new employees will have their orientation sign-off forms maintained in their personnel files.	Person Responsible: Administrative Office Manager and Program Manager
How Maintained: All newly hired employees will sign forms that they have received orientation.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2	
Rule #: 67:61:05:01	<p>Rule Statement: Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows:</p> <p>(1) Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test;</p> <p>(2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;</p> <p>(3) Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Mycobacterium tuberculosis</i>. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and</p> <p>(4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.</p>
Area of Noncompliance: <i>Four out of four personnel files did not have TB tests completed within 14 days of hire or documentation of a prior TB test completed within the last 12-month period before date of employment</i>	
Corrective Action (policy/procedure, training, environmental changes, etc): All newly hired staff will be tested for TB upon hire and 14 days later	Anticipated Date Achieved/Implemented:

receive another TB test.	Date November 10, 2020
Supporting Evidence: Documentation will be maintained in the employees personnel file.	Person Responsible: Administrative Office Manager and Program Manager
How Maintained: New clients will be provided with information concerning this policy and the importance to the organization.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3	
Rule #: 67:61:05:12	Rule Statement: Office of Inspector General Medicaid exclusion list. Each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.
Area of Noncompliance: <i>Four out of four personnel files did not contain documentation that the Medicaid Exclusion list had been checked upon hire. However, the agency did have two routine checks completed within two out of four personnel files.</i>	
Corrective Action (policy/procedure, training, environmental changes, etc): All newly hired staff files will contain the documentation that the Medicaid Exclusion list is checked upon hire.	Anticipated Date Achieved/Implemented: Date November 6, 2020
Supporting Evidence: Placement in the personnel files of each employee and checked at least every 6 months.	Person Responsible: Administrative Office Manager
How Maintained: Documentation to be maintained in employees personnel file and available for inspection.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-1	
Rule #: 67:61:07:08	Rule Statement: Progress notes. All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder as they relate to the client's substance use disorder. A progress note must be included in the file for each billable service provided.

	<p>Progress notes must include the following for the services to be billed:</p> <ul style="list-style-type: none"> (1) Information identifying the client receiving the services, including the client's name and unique identification number; (2) The date, location, time met, units of service of the counseling session, and the duration of the session; (3) The service activity code or title describing the service code or both; (4) A brief assessment of the client's functioning; (5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives; (6) A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and (7) The signature and credentials of the staff providing the service.
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Area of Noncompliance:

*Six out of Six charts were missing the below components to substantiate **all** billable services. All services provided must be able to prove the group was therapeutic and ties in with their treatment plan.*

- (4) A brief assessment of the client's functioning;
- (5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives;
- (6) A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable

<p>Corrective Action (policy/procedure, training, environmental changes, etc):</p> <p>Training to be provided by DHHS Division of Behavior Health on the proper methods in documenting individual and group progress notes.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 11-10-2020</p>
<p>Supporting Evidence: Staff will attend the training session and document this by signing the training roster.</p>	<p>Person Responsible:</p> <p>Richard Bird</p>
<p>How Maintained: Quarterly training updates and insuring any new counselors are trained in the proper procedure for inserting individual and group progress notes.</p>	<p>Board Notified:</p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Client Chart POC-2	
<p>Rule #:</p> <p>67:61:18:02</p>	<p>Rule Statement: Medical evaluations and vital signs. At a minimum, the program shall complete the following:</p> <ul style="list-style-type: none"> (1) At the time of admission, each client's blood pressure, pulse, and respiration shall be evaluated and recorded in the client's case record by staff trained to perform these tests;

	<p>(2) Within 8 hours after admission, each client shall receive a medical evaluation conducted by an RN or an LPN. The results of this medical evaluation shall be provided to the program physician for the purpose of determining whether the client needs immediate and a more extensive examination to determine the appropriateness of the admission and the program physician's approval shall be documented in the client's case record:</p> <p>(a) The medical evaluation includes:</p> <ul style="list-style-type: none"> (i) A second reading of blood pressure, pulse, and respiration; (ii) Mental and emotional status; (iii) Any bruises, lacerations, cuts, wounds, or other medical conditions; (iv) Current medication use, particularly sedative use and medications being carried by the client; and (v) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments; and <p>(3) Within 72 hours after admission, each client shall have:</p> <ul style="list-style-type: none"> (a) A complete blood count and urinalysis; and (b) A complete physical examination by or under the supervision of a licensed physician, who shall also evaluate the results of the tests conducted.
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Area of Noncompliance:

Two out of six charts were missing documented vital signs at the time of admission.

<p>Corrective Action (policy/procedure, training, environmental changes, etc): Documentation of all vital signs to be conducted by the Registered Nurse on duty at admission. Copies of this policy will be posted in several key places to remind the nurse to conduct the vital signs within the 8 hour time frame.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 11-10-2020</p>
<p>Supporting Evidence: Nurse to verify acknowledgement and agreement to follow this policy.</p>	<p>Person Responsible: Richard Bird, Manager</p>
<p>How Maintained: All documentation of vital signs will be signed off by the Program Manager/Clinical Supervisor.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Client Chart POC-3	
<p>Rule #: 67:61:07:07</p>	<p>Rule Statement: Continued service criteria. The program shall document for each client the progress and reasons for retaining the client at the present</p>

	<p>level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:</p> <p>(1) The client is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or</p> <p>(2) The client is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or</p> <p>(3) New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.</p> <p>The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:</p> <ul style="list-style-type: none"> (a) Two calendar days for: <ul style="list-style-type: none"> (i) Clinically-managed residential detoxification; (b) 14 calendar days for: <ul style="list-style-type: none"> (i) Early intervention services; (ii) Intensive outpatient services; (iii) Day treatment services; and (iv) Medically monitored intensive inpatient treatment; and (c) 30 calendar days for: <ul style="list-style-type: none"> (i) Outpatient treatment program; and (ii) Clinically-managed low-intensity residential treatment.
<p>Area of Noncompliance: <i>Five out of six client charts did not have a continued service review completed every 14 calendar days. Three out of six client charts were missing the progress and reasons for retaining the client at the present level of care as well as an individualized plan of action to address the reasons for retaining the individual in the present level of care.</i></p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Training and clarification to be provided to Counselors to have clients Continued Stay Criteria documented in their charts every 14 days from time of admission.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 11-10-2020</p>

Supporting Evidence: Counselors to insure that they understand the importance of maintaining this documentation in charts.	Person Responsible: Richard Bird, Clinical Supervisor
How Maintained: Clinical Supervisor will review all files at time of clinical staffing and at time of discharge to insure the documentation is correct and timely.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-4	
Rule #: 67:61:07:12	<p>Rule Statement: Tuberculin screening requirements. A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:</p> <ul style="list-style-type: none"> (1) Productive cough for a two to three week duration; (2) Unexplained night sweats; (3) Unexplained fevers; or (4) Unexplained weight loss. <p>Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.</p>
Area of Noncompliance: <i>Two out of six TB screenings were not completed within 24 hours of the onset of services.</i>	
Corrective Action (policy/procedure, training, environmental changes, etc): Instruct staff members to conduct the TB screens within the 24 hours of admission, ask the 4 questions to determine if an immediate referral to our Health Care Providers is needed.	Anticipated Date Achieved/Implemented: Date 11-10-2020
Supporting Evidence: All documentation will be available for review by the Nurse or Clinical Supervisor to sign off on to insure this was completed within the specific time frame.	Person Responsible: Richard Bird, Program Manager/Clinical Supervisor
How Maintained: All new clients will be screened and tested upon 24 hours of admission and reviewed for accurateness.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

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Prior Client Chart POC-1		
Rule #: 67:61:18:02	Rule Statement: Medical evaluations and vital signs. At a minimum, the program shall complete the following: (1) At the time of admission, each client's blood pressure, pulse, and respiration shall be evaluated and recorded in the client's case record by staff trained to perform these tests; (2) Within 8 hours after admission, each client shall receive a medical evaluation conducted by an RN or an LPN. The results of this medical evaluation shall be provided to the program physician for the purpose of determining whether the client needs immediate and a more extensive examination to determine the appropriateness of the admission and the program physician's approval shall be documented in the client's case record: (a) The medical evaluation includes: (i) A second reading of blood pressure, pulse, and respiration; (ii) Mental and emotional status; (iii) Any bruises, lacerations, cuts, wounds, or other medical conditions; (iv) Current medication use, particularly sedative use and medications being carried by the client; and (v) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments; and (3) Within 72 hours after admission, each client shall have: (a) A complete blood count and urinalysis; and (b) A complete physical examination by or under the supervision of a licensed physician, who shall also evaluate the results of the tests conducted.	
Area of Noncompliance: <i>Three out of six charts did not have documentation of a urinalyses and complete blood count completed within 72 hours of admission.</i>		
Corrective Action (policy/procedure, training, environmental changes, etc): A complete physical exam by a licensed physician will be scheduled prior to admission and completed within 72 hours of admission. If the Agency's medical provider is unable to complete within the designated time frame, the counselor will note this in the chart as to the reason, numerous other appointments or lack of medical providers on schedule. Every effort will be made to complete the physical exam and blood count, urinalysis within the time frame. Also, the Coteau Des Prairie Health System may be contacted to conduct the physical exams to insure they are completed on a timely basis.		Anticipated Date Achieved/Implemented: Date 11-10-2020

Supporting Evidence: Copies of the scheduled appointment will be kept in the clients' chart to verify that physical exam appointments were scheduled and the reasons why they were not within the 72 hour time frame.	Person Responsible: Admissions Coordinator
How Maintained: All physical exams will be reviewed and will notify the medical provider when a physical exam was conducted late.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Program Director Signature: Richard Bird, Program Manager/Clinical Supervisor	Date: 11-10-2020
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Please email or send Plan of Correction to:

Accreditation Program
 Department of Social Services
 Division of Behavioral Health
 3900 West Technology Circle, Suite 1
 Sioux Falls, SD 57106

Email Address: DSSBHAcred@state.sd.us